



2019 Novel Coronavirus [COVID-19]

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Facts About COVID-19 Vaccines

Approved and Authorized Vaccines

Below are the vaccines that are approved and authorized in the United States to prevent COVID-19:

Vaccine Brand Name	FDA approval/authorization status	Who can get this vaccine? ^[1]	How many shots will you need?	When are you fully vaccinated?
Pfizer-BioNTech/Cominarty	<ul style="list-style-type: none">Full approval for individuals 16 and olderEmergency Use Authorization (EUA) for individuals aged 12 –15, and 3rd booster	People 12 years and older	2 shots Given 3 weeks (21 days) apart ^[2]	2 weeks after your second shot
Moderna	Emergency Use Authorization/ EUA	People 18 years and older	2 shots Given 4 weeks (28 days) apart ^[2]	2 weeks after your second shot
Johnson & Johnson/Janssen	Emergency Use Authorization/ EUA	People 18 years and older	1 shot	2 weeks after your shot

¹ If you have had a severe [allergic reaction](#) (anaphylaxis) or an immediate allergic reaction to any [ingredient in the vaccine you are scheduled to receive](#), you should not get that vaccine. If you have been instructed not to get one type of COVID-19 vaccine, you may still be able to get another type. Learn more [information for people with allergies](#).

² You should get your second shot as close to the recommended 3-week or 4-week interval as possible. However, your second shot may be given up to 6 weeks (42 days) after the first dose, if necessary.



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Booster doses:¹

Vaccine brand name	FDA approval/ authorization status	Eligible population	When can you get the booster shot?
Pfizer-BioNTech	Emergency Use Authorization/ EUA	<ul style="list-style-type: none">• Everyone 65 years of age and older.• 18 through 64 years of age at high risk of severe COVID-19• 18 through 64 years of age with frequent institutional or occupational exposure to SARS-CoV-2	6 months after completion of the primary 2-dose series.
Moderna	Emergency Use Authorization/ EUA	<ul style="list-style-type: none">• Everyone 65 years of age and older• 18 through 64 years of age at high risk of severe COVID-19• 18 through 64 years of age with frequent institutional or occupational exposure to SARS-CoV-2	6 months after completion of the primary 2-dose series.
Johnson & Johnson/ Janssen	Emergency Use Authorization/ EUA	Everyone 18 years of age and older	2 months after completion of the single-dose primary regimen

¹ FDA has also authorized the use of heterologous (or “mix and match”) booster dose for currently available (i.e., FDA-authorized or approved) COVID-19 vaccines. COVID-19 vaccines can be administered as a heterologous (or “mix and match”) booster dose in eligible individuals following completion of primary vaccination with a different available COVID-19 vaccine.



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What is an Emergency Use Authorization (EUA)?

The United States FDA has made the COVID-19 vaccines available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

EUA approved products have not undergone the same type of review as an FDA-approved or cleared product. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, and available alternatives. In addition, the FDA decision is based on the totality of scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used during the COVID-19 pandemic.

The EUA for COVID-19 vaccines are in effect for the duration of the COVID-19 declaration justifying emergency use of these products, unless terminated or revoked (after which the products may no longer be used).

How Can a Vaccine Get FDA Approval?

After the three phases of clinical trials are complete, the vaccine manufacturer must present data to an FDA review team that proves the vaccine is safe and effective and that its benefits outweigh any risks. Once a vaccine is approved, it must be properly labeled with its risks and benefits, as well as its correct use, so health care providers can share this information with their patients.

Before an approved vaccine can get distributed to the public, the manufacturer must test all batches of the vaccine, called lots, for safety, potency and purity. The FDA reviews this information before the lots can be released. The FDA also routinely inspects the facilities where the vaccines are produced to ensure the product's safety and quality. The Pfizer vaccine has finished and passed this rigorous process.

FACT: COVID-19 vaccines will not give you COVID-19

None of the [COVID-19 vaccines currently in development or in use in the United States](#), contain the live virus that causes COVID-19. There are several different types of vaccines in development, and the goal for each of them is to 'teach' our immune systems how to recognize and fight the virus that causes COVID-19. Sometimes teaching the immune system can cause symptoms such as fever. These symptoms are normal and are a sign that the body is building immunity. Learn more about [how COVID-19 vaccines work](#).

It typically takes a few weeks for the body to build immunity after vaccination. That means it is possible a person could be infected and get sick with the virus that causes COVID-19 just before or just after vaccination. This is because the body has not had enough time to react to the vaccine to provide protection.



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FACT: COVID-19 vaccines will not cause you to test positive on COVID-19 viral tests

Neither the recently authorized and recommended COVID-19 vaccines, nor the other COVID-19 vaccines currently in clinical trials in the United States, cause you to test positive on [viral tests](#), which are used to see if you have a **current infection**.

If your body develops an immune response, which is the goal of vaccination, there is a possibility you may test positive on some [antibody tests](#). Antibody tests indicate you had a **previous infection**, and in the future may be used to determine that an individual has some level of protection against the virus. Experts are currently looking at how COVID-19 vaccination may affect antibody testing results.

FACT: People who have gotten sick with COVID-19 may still benefit from getting vaccinated Due to the severe health risks associated with COVID-19 and the fact that re-infection with COVID-19 is possible, people may be advised to get a COVID-19 vaccine even if they have been sick with COVID-19 before.

At this time, experts do not know how long someone is protected from getting sick again after recovering from COVID-19. The immunity someone gains from having an infection, called natural immunity, varies from person to person. Some early evidence suggests natural immunity may not last very long.

We won't know how long immunity produced by vaccination lasts until we have a vaccine and more data on how well it works.

Both natural immunity and vaccine-induced immunity are important aspects of COVID-19 that experts are trying to learn more about, and CDC will keep the public informed as new evidence becomes available.

FACT: Getting vaccinated can help prevent getting sick with COVID-19

While many people with COVID-19 have only a mild illness, others may get a [severe illness](#) or they may even die. There is no way to know how COVID-19 will affect you, even if you are not at [increased risk of severe complications](#). If you get sick, you also may spread the disease to friends, family, and others around you while you are sick. COVID-19 vaccination helps protect you by creating an antibody response without having to experience sickness. Learn more about [how COVID-19 vaccines work](#).

FACT: Receiving an mRNA vaccine will not alter your DNA

mRNA stands for messenger ribonucleic acid and can most easily be described as instructions for how to make a protein or even just a piece of a protein. mRNA is not able to alter or modify a person's genetic makeup (DNA). The mRNA from a COVID-19 vaccine never enters the nucleus of the cell, which is where our DNA are kept. This means the mRNA does not affect or interact with our DNA in any way. Instead, COVID-19 vaccines that use mRNA work with the body's natural defenses to safely develop protection (immunity) to disease.

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Learn more about [how COVID-19 mRNA vaccines work](#).

How do I know which sources of COVID-19 vaccine information are accurate?

It can be difficult to know which sources of information you can trust. Learn more about [finding credible vaccine information](#).

Getting Vaccinated with a COVID-19 Vaccine

Do I need to wear a mask when I receive a COVID-19 vaccine?

Yes. CDC recommends during the pandemic people [wear a mask](#) that covers their nose and mouth when indoors if you live in an area of high to substantial level of community transmission.. Anyone who has trouble breathing or is unable to remove a mask without assistance should not wear a mask. See: [considerations for wearing masks](#).

Who is paying for COVID-19 vaccine?

The vaccines are being made available for emergency use exclusively through the CDC COVID-19 Vaccination Program (the Vaccination Program). Vaccine doses will be given to the American people at no cost. Vaccination providers will be able to charge an administration fee for giving the shot, and can get this fee reimbursed by the patient's public or private insurance company or, for uninsured patients, by the federal government.

Are there special considerations on who should get the COVID-19 vaccine first?

Initially COVID-19 vaccine was provided in a phased roll out plan in Idaho depending on priority categories. Currently, anyone 12 years or older who lives or works in Idaho is eligible for the vaccine. [Sign up here](#) to add your name to a COVID-19 vaccine list.

Below is the recommended age for each vaccine.

- Pfizer-BioNTech – 12 years and older
- Moderna – 18 years and older
- Johnson & Johnson (J&J/Janssen) – 18 years and older CDC and FDA have recommended that use of Johnson & Johnson's Janssen (J&J/Janssen) COVID-19 Vaccine resume in the United States, effective April 23, 2021. Read the [CDC/FDA statement](#). However, women younger than 50 years old should be aware of the rare risk of blood clots with low platelets after receiving J&J/ Janssen vaccination, and that other COVID-19 vaccines are available where this risk has not been seen.

The Idaho coronavirus advisory committee (CVAC) recommended that the initial shipment of vaccine be reserved for hospital staff and outpatient clinic staff who provide care for COVID-19 patients, including healthcare providers working in the dental and pharmacy occupations.

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Public health and emergency managers who cannot telework are also included in the first phase. Skilled nurses and those working in assisted living and intermediate care facilities are counted as healthcare workers in this phase, and residents of these facilities also have the option to receive the COVID-19 vaccine.

The second phase of the vaccination plan will include essential workers, also called critical infrastructure workers, including:

- First responders (fire, police, protective services and community support personnel).
- Pre-K-12 school staff and teachers and daycare workers
- Correctional and detention facility staff, except medical staff already in Phase 1a
- Food processing workers
- Grocery and convenience store workers
- Idaho National Guard
- Other essential workers not already included and unable to telework or social distance at work

The list of recommended priority groups can be found on the [IDHW coronavirus website](#). CVAC makes recommendations on which populations should be prioritized for vaccination, and the final decision is made by Gov. Brad Little.

If I have already had COVID-19 and recovered, do I still need to get vaccinated with a COVID-19 vaccine when it's available?

Early evidence suggests natural immunity from COVID-19 may not last very long, but more studies are needed to better understand this. Currently, the recommendation is to receive a vaccine, when you qualify, even if you previously have had COVID-19.

A study* including hundreds of Kentucky residents with previous infections through June 2021 found that those who were unvaccinated had 2.34 times the odds of reinfection compared with those who were fully vaccinated. The findings suggest that among people who have had COVID-19 previously, getting fully vaccinated provides additional protection against reinfection.

* <https://www.cdc.gov/media/releases/2021/s0806-vaccination-protection.html>

Why would a vaccine be needed if we can do other things, like social distancing and wearing masks, to prevent the virus that causes COVID-19 from spreading?

Stopping a pandemic requires using all tools available. Vaccines work with your immune system so your body will be ready to fight the virus if you are exposed. Covering your mouth and nose with a mask, staying at least 6 feet away from others, and washing your hands frequently also will continue to reduce your chance of being exposed to the virus or spreading it to others.

Do I need to wear a mask and avoid close contact with others if I have received 2 doses of the vaccine? When can I stop wearing a mask and avoiding close contact with others after I have been vaccinated?

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The CDC have recently issued [interim guidance for fully vaccinated](#) people. The following are key points from the guidance for fully vaccinated individuals in non-health care¹ settings (people are considered fully vaccinated for COVID-19 more than 2 weeks after they have received the second dose in a 2 dose series (Pfizer-BioNTech or Moderna) or more than 2 weeks after they have received single dose of Johnson and Johnson/Janssen vaccine).

Fully vaccinated people can:

- You can resume activities that you did prior to the pandemic.
- To reduce the risk of being infected with the Delta variant and possibly spreading it to others, wear a mask indoors in public if you are in an area of [substantial or high transmission](#).
- You might choose to wear a mask regardless of the level of transmission if you have a weakened immune system or if, because of your age or an underlying medical condition, you are at [increased risk for severe disease](#), or if a member of your household has a weakened immune system, is at increased risk for severe disease, or is unvaccinated.
- If you [travel in the United States](#), you do not need to get tested before or after travel or self-quarantine after travel.
- You need to pay close attention to [the situation at your international destination](#) before traveling outside the United States.
 - You do NOT need to get tested **before** leaving the United States unless your destination requires it.
 - You still need to [show a negative test result](#) or documentation of recovery from COVID-19 **before** boarding an international flight to the United States.
 - You should still get tested 3-5 days **after** international travel.
 - You do NOT need to self-quarantine **after** arriving in the United States.
- If you've had [close contact](#) with someone who has COVID-19, you should get tested 3-5 days after your exposure, even if you don't have symptoms. You should also wear a mask indoors in public for 14 days following exposure or until your test result is negative. You should isolate for 10 days if your test result is positive.

For now, fully vaccinated people should continue to:

- Get tested and [isolate](#) themselves from others if experiencing COVID-19 symptoms
- Follow CDC and health department travel requirements and recommendations
- CDC prevention measures continue to apply to all travelers, including those who are vaccinated. All travelers are required to wear a mask on all planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.

Are there other vaccines that can help prevent me from getting COVID-19?

¹ Guidance for residents and staff of healthcare settings can be found in the [Updated Healthcare Infection Prevention Control Recommendations](#) in Response to COVID-19 Vaccination.

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No. However, an influenza (flu) vaccine can prevent you from getting the flu while we remain in a COVID-19 pandemic. This can keep you from having more severe illness from flu, COVID-19, or both.

Does immunity after getting COVID-19 last longer than protection from COVID-19 vaccines? The protection someone gains from having an infection (called natural immunity) varies depending on the disease, and it varies from person to person. Since this virus is new, we don't know how long natural immunity might last. Some early evidence seems to suggest that natural immunity may not last very long, and perhaps for less time than immunity from vaccination.

What percentage of the population needs to get vaccinated to have herd immunity to COVID-19? Experts do not know what percentage of people would need to get vaccinated to achieve herd immunity to COVID-19. Herd immunity is when enough people have protection—either from previous infection or vaccination—making it unlikely a virus can spread widely and cause disease. As a result, everyone within the community is protected even if some people don't have any protection themselves.

What are the side effects of the vaccine?

Data suggests that everyone should be prepared for mild to moderate side effects from the COVID-19 vaccine. These side effects – including injection site pain or swelling, muscle pain, headaches, or mild to moderate fevers – are a sign that the body is producing an immune response. Some of these symptoms may be more pronounced after the second vaccine.

It is important to be prepared and to know what to expect. Over-the-counter medicine like acetaminophen or ibuprofen can minimize side effects. If you can, plan to rest and take it easy following vaccination - your body will be working hard to produce an immune response and get you protected against the virus.

Reports of adverse events following the use of J&J/Janssen vaccine suggest an increased risk of a rare adverse event called thrombosis with thrombocytopenia syndrome (TTS). Nearly all reports of this serious condition, which involves blood clots with low platelets, have been in adult women younger than 50 years old. A review of all available data at this time shows that the J&J/Janssen COVID-19 Vaccine's known and potential benefits outweigh its known and potential risks. However, women younger than 50 years old should be aware of the rare but increased risk of this adverse event and that there are other COVID-19 vaccine options available for which this risk has not been seen. This adverse event is rare, occurring at a rate of about 7 per 1 million vaccinated women between 18 and 49 years old. For women 50 years and older and men of all ages, this adverse event is even more rare. If you received or plan to receive the J&J/Janssen vaccine, here is [what you need to know](#).

Has this issue been seen with other COVID-19 vaccines?

No. As of April 23, 2021, thrombosis with thrombocytopenia syndrome (TTS)—blood clots with low platelets—has not been linked to the Pfizer-BioNTech or Moderna COVID-19 vaccines after more than 210 million doses administered.

COVID-19 Vaccines and Anaphylaxis

There are reports that a few people are experiencing severe allergic reactions—also known as

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anaphylaxis—after getting a COVID-19 vaccine, including in Idaho.

If you get a COVID-19 vaccine and you think you might be having a severe allergic reaction after leaving the vaccination site, seek immediate medical care by calling 911.

What CDC Recommends:

If you have ever had a severe allergic reaction to any ingredient in a COVID-19 vaccine, CDC recommends that you should not get that specific vaccine. If you have had a severe allergic reaction to other vaccines or injectable therapies, you should ask your doctor if you should get a COVID-19 vaccine. Your doctor will help you decide if it is safe for you to get vaccinated.

CDC recommends that people with a history of severe allergic reactions not related to vaccines or injectable medications—such as allergies to food, pet, venom, environmental, or latex—maybe considered to get a COVID-19 vaccination. People with a history of allergies to oral medications or a family history of severe allergic reactions, or who might have a milder allergy to vaccines (no anaphylaxis)—may also may still get vaccinated. However, it still is important to inform your doctor if you have a history of anaphylaxis to any other sources even when you have not had an anaphylactic reaction to other vaccines or other injectable medications.

If you have a severe allergic reaction after getting the first shot, you should not get the second shot. Your doctor may refer you to a specialist in allergies and immunology to provide more care or advice.

Safeguards Are in Place:

CDC has [provided recommendations for COVID-19 vaccination providers](#) about how to prepare for the possibility of a severe allergic reaction.

[Learn more about what to expect after getting vaccinated for COVID-19](#), including normal side effects and tips to reduce pain or discomfort.

CDC Is Monitoring Reports of Severe Allergic Reactions:

If someone has a severe allergic reaction after getting vaccinated, their vaccination provider will send a report to the [Vaccine Adverse Reporting System \(VAERS\)](#). VAERS is the national system that collects reports from healthcare professionals, vaccine manufacturers, and the public about adverse events that happen after vaccination. Reports of adverse events that are unexpected, appear to happen more often than expected, or have unusual patterns are followed up with specific studies.

Learn more about how federal partners are monitoring the safety of COVID-19 vaccines in the United States. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations-process.html>

Will the Countermeasures Injury Compensation Program provide compensation to individuals injured by COVID-19 vaccines?

COVID-19 vaccines are covered under the Countermeasures Injury Compensation Program (CICP), not the National Vaccine Injury Compensation Program (VICP). The Countermeasures Injury Compensation

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Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses for certain people who have been seriously injured by certain medicines or vaccines, including COVID-19 vaccines. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit www.hrsa.gov/cicp or call 1-855-266-2427.



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What to Expect after Getting a COVID-19 Vaccine

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>

COVID-19 vaccination will help protect you from getting COVID-19. You may have some side effects, which are normal signs that your body is building protection. These side effects may affect your ability to do daily activities, but they should go away in a few days. Some people have no side effects.

Common side effects

On the arm where you got the shot:

- Pain
- Redness
- Swelling

Throughout the rest of your body:

- Tiredness
- Headache
- Muscle pain
- Chills
- Fever
- Nausea

Helpful tips

If you have pain or discomfort after getting your vaccine, talk to your doctor about taking an over-the-counter medicine, such as ibuprofen or acetaminophen.

To reduce pain and discomfort where you got the shot:

- Apply a clean, cool, wet washcloth over the area.
- Use or exercise your arm.

To reduce discomfort from fever:

- Drink plenty of fluids.
- Dress lightly.

When to call the doctor

In most cases, discomfort from fever or pain is normal. Contact your doctor or healthcare provider:

- If the redness or tenderness where you got the shot increases after 24 hours
- If your side effects are worrying you or do not seem to be going away after a few days

Remember

- Side effects may affect your ability to do daily activities, but they should go away in a few days.
- With some COVID-19 vaccines, you will need 2 shots in order to get the most protection. You should get the second shot even if you have side effects after the first shot, unless a vaccination provider or your doctor tells you not to get it.
- You will only need 1 shot of the viral vector COVID-19 vaccine, Johnson & Johnson's Janssen COVID-19 Vaccine.
- It takes time for your body to build protection after any vaccination. COVID-19 vaccines that require 2 shots may not protect you until about two weeks after your second shot. For COVID-19 vaccines that require 1 shot, it takes about two weeks after vaccination for your body to build protection.
- After you are fully vaccinated, you may be able to start doing some things you had stopped doing because of the pandemic. Visit CDC's website for the latest recommendations. www.cdc.gov/coronavirus/vaccines.



Ask your vaccination provider about getting started with v-safe

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second dose.

Learn more about v-safe.

www.cdc.gov/vsafe

HEALTHCARE PROVIDER, PLEASE FILL IN THE INFORMATION BELOW:

If your temperature is ____°F or ____°C or higher or if you have questions, call your healthcare provider.

Tell your healthcare provider about: _____

Healthcare provider phone number: _____

Medication (if needed):

Take _____ every _____ hours as needed.
(type and dose or amount)



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